## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN												DTUAN
(Column 1) (Column 2)							1	TYPE			OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS							٠.	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.0	O OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			> Çminus 20=		* 6			X\$ 9=	54	OR	X\$18=	
<u> </u>	DEPENDENT C	<del></del>	minus 3 =		* /			X43=	43	OR	X86=	1
MULTIPLE DEPENDENT CLAIM PRESENT								+145=	1 1		+290=	
* If the difference in column 1 is less than zero, enter					"0" in (	column 2		TOTAL	487	OR OR	TOTAL	
CLAIMS AS AMENDED - PART II								701712	44			THAN
(0.1						(Column 3)		SMALL	ENTITY	OR	OTHER	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	dependent		01.411.4	=		X43=		OR	X86=		
	·	INTATION OF IM	DETIPLE DEF	ENDENT	CLAIM			+145=		OR	+290=	
							L	TOTAL	<u> </u>	┨╓╏	TOTAL	
	(Column 1) (Column 2) (Column 3)								<u> </u>	<b>]</b> O()	ADDIT. FEE	
~		CLAIMS		HIGHE		(Column 3)	Г		ADDI	7		
8 5		REMAINING AFTER		NUMB PREVIO		PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
ME		AMENDMENT	· ·	PAID F	OR ·	ZATTIA	L		FEE			FEE
AMENDMENT	Total		Minus	**	<del></del>	=		X\$ 9=		OR	X\$18=	
A	Independent		Minus	***			Ī	X43=		OR	X86=	
	TINOT PRESE	NTATION OF MU	LIPLE DEP	ENDENT	CLAIM		Ī	+145=		OR	+290=	
								TOTAL			TOTAL	
		(Calores 4)					Al	ODIT. FEE		JOH A	DDIT. FEE	
_	`	(Column 1) CLAIMS	T	(Columi		(Column 3)						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBE PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
MA	Independent		Minus	***		=	┢	V42		<b> </b>		
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X43=		OR	X86=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
11	the Highest Nun	nber Previously Paid	For IN THIS	SPACE is le	ess than	20 enter "20 "	ΑD	TOTAL DIT. FEE	•	OR	TOTAL ODIT. FEE	
T	he "Highest Num!	nber Previously Paid ber Previously Paid	For" (Total or I	SPACE is in independent	ess than t) is the I	3, enter "3." nighest number		_	ropriate box			